

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

ADDRESS (number and street)

26220 ENTERPRISE COURT

Check if different  
than previously  
reported. (ACC)

LAKE FOREST

CA

92630

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00240218

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RAOUL SMYTH

Signature of Treasurer

Electronically Filed by RAOUL SMYTH

Date

0 1

1 2

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		9587.60
(b) Cash on Hand at Beginning of Reporting Period .....	17051.15	
(c) Total Receipts (from Line 19) .....	4995.00	84658.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22046.15	94246.15
7. Total Disbursements (from Line 31) .....	0.00	72200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22046.15	22046.15
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4750.00	59109.70
(i) Itemized (use Schedule A) .....	245.00	24548.85
(ii) Unitemized .....	4995.00	83658.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4995.00	83658.55
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4995.00	84658.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4995.00	84658.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	64200.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	8000.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		0.00	72200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		0.00	72200.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4995.00	83658.55
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4995.00	83658.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary T Ake

Mailing Address 249 Eastfield Ave

City

Stedman

State

NC

Zip Code

28391-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6529

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Amy J Anderson

Mailing Address 6699 Old Ridge Rd

City

Fairview

State

PA

Zip Code

16415-2056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria

Occupation

Branch Manager 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6580

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Thomas J. Barron

Mailing Address 48 Summit Ave

City

Quincy

State

MA

Zip Code

02170-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Divison VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6638

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Robin Barton

Mailing Address 23082 Mullin Rd

City

Lake Forest

State

CA

Zip Code

92630-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP, Revenue Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6530

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Doreen R Bellucci

Mailing Address 2 Brigmore Aisle

City

Irvine

State

CA

Zip Code

92603-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6531

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Donna S Blake

Mailing Address 14107 Pembroke St

City

Leawood

State

KS

Zip Code

66224-4553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6532

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

James C Bowers

Mailing Address 256 Aerie Ct

City

Roseville

State

CA

Zip Code

95661-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Market Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6533

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Richard D. Brady

Mailing Address 9910 Camberly Ct

City

Granite Bay

State

CA

Zip Code

95746-6653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6640

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Bruce E Brindle

Mailing Address 3396 Altherton Dr

City

Bethel Park

State

PA

Zip Code

15102-1161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6534

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Alana J Burton

Mailing Address 20 Relampago

City

Rancho Santa Marg

State

CA

Zip Code

92688-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Mgr Info Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6535

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Albert J. Cafferty

Mailing Address 46 Forest St

City

Whitman

State

MA

Zip Code

02382-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6586

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Carl L. Caldwell

Mailing Address 513 California Ave

City

Oakdale

State

CA

Zip Code

95361-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6587

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark A Centolella

Mailing Address 8304 Codys Cors

City

Cicero

State

NY

Zip Code

13039-7921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	8

Transaction ID: 154-P6536

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Kirby Combs

Mailing Address 320 Urbano Dr

City

San Francisco

State

CA

Zip Code

94127-2869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	8

Transaction ID: 154-P6537

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Kenneth A. Common

Mailing Address 1238 N Raymond Ave

City

Fullerton

State

CA

Zip Code

92831-2048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Real Estate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	8

Transaction ID: 154-P6639

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Deborah J Crimmins

Mailing Address 4 Blossom Hill Ct

City

Rexford

State

NY

Zip Code

12148-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Strat Bus Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6538

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Karen Cultrera

Mailing Address 66 Kendall Hill Rd

City

Mont Vernon

State

NH

Zip Code

03057-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Infusion Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6589

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Jeannine M. Delivron

Mailing Address 24 Crestwood Dr

City

Avon

State

CT

Zip Code

06001-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6592

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael K Dwyer

Mailing Address 408 W State St

City

Burlington

State

WI

Zip Code

53105-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area Operations Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6539

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Robb W Eaton

Mailing Address 14602 W 91st Ter

City

Lenexa

State

KS

Zip Code

66215-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6540

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Thomas R. Farley

Mailing Address 591 N Chambers St

City

Galesburg

State

IL

Zip Code

61401-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6594

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Stephen L Foreman

Mailing Address 5 Hempstead St

City

Ladera Ranch

State

CA

Zip Code

92694-0229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Ancillary Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6541

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Matthew J Gallagher

Mailing Address 5 Safeguard Pl

City

Irvine

State

CA

Zip Code

92602-0757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6542

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Lisa M Getson

Mailing Address 24806 Oxford Dr

City

Laguna Niguel

State

CA

Zip Code

92677-8870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP Govt Rel/Invst Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6543

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven D Gradwell

Mailing Address 1549 W Saltsage Dr

City

Phoenix

State

AZ

Zip Code

85045-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6544

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael A Graves

Mailing Address 7430 Lombardi Dr

City

Plainfield

State

IN

Zip Code

46168-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Dir, Enteral Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6545

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Stephanie A Grim

Mailing Address 221 Billingsh

City

Cary

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Dir National Cash Dept

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6546

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

William Guidetti

Mailing Address 16833 Melrose Street

City

Overland Park

State

KS

Zip Code

66062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6547

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Thomas M. Halpin

Mailing Address 8754 Cranbrook Ln

City

Bridgeview

State

IL

Zip Code

60455-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6597

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Judith L. Hanna

Mailing Address 1418 Marietta Ave

City

Lancaster

State

PA

Zip Code

17603-2446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Infusion Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6598

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

170.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City

Greenwood

State

IN

Zip Code

46143-3042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6548

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$45.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Paul L Heuvel

Mailing Address 1513 Via Tulipan

City

San Clemente

State

CA

Zip Code

92673-3714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Billing Center Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6549

Amount of Each Receipt this Period

80.00

Payroll Deduction

(\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Robert S Holcombe

Mailing Address 38 Oakbrook

City

Coto de Caza

State

CA

Zip Code

92679-4742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6550

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 17 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Janet L Hunt

Mailing Address 22121 Stillwater

City

Mission Viejo

State

CA

Zip Code

92692-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Dir IS Support Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6551

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Byron C. Ishima

Mailing Address 25 Sunridge Ln

City

Buffalo Grove

State

IL

Zip Code

60089-1537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Market Manager - IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6600

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Shari A. Jeter

Mailing Address 9867 W Berry Dr

City

Littleton

State

CO

Zip Code

80123-7405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional Customer Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6601

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

80.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Jerry Kellems

Mailing Address 2030 N Talbott St

City

Indianapolis

State

IN

Zip Code

46202-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6602

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Anthony R. Kilgore

Mailing Address 112 Interlachen Ct

City

Avondale

State

PA

Zip Code

19311-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6603

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Kevin D Kinsey

Mailing Address 8314 City Lights Dr

City

Aliso Viejo

State

CA

Zip Code

92656-2663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Enterprise Architecture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6552

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan C. Kirchhof

Mailing Address 3960 W Saragosa St

City

Chandler

State

AZ

Zip Code

85226-4979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area Operations Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6604

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Jerome D Lafontaine

Mailing Address 8445 S Newcombe St

City

Littleton

State

CO

Zip Code

80127-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6553

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mark S. Lantz

Mailing Address 9918 E 400 S

City

Greentown

State

IN

Zip Code

46936-8960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6606

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Melissa Leone

Mailing Address 150 Bear Path Rd

City

Hamden

State

CT

Zip Code

06514-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Director Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6607

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey R. Lyons

Mailing Address 12844 Bluejacket St

City

Overland Park

State

KS

Zip Code

66213-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6608

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Winborne T Macphail

Mailing Address 4406 Staghorn Ct

City

Greensboro

State

NC

Zip Code

27410-8285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6554

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Clinton K. Marshall

Mailing Address 7210 Inwood Dr.

City

Woburn

State

MA

Zip Code

01801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6610

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Mastrovich

Mailing Address 5 Flax Ct

City

Coto de Caza

State

CA

Zip Code

92679-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6555

Amount of Each Receipt this Period

200.00

Payroll Deduction

(\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

William C. McCall

Mailing Address 16 Flaxwood

City

Irvine

State

CA

Zip Code

92614-7547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area Operations Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6611

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael F. McGrath

Mailing Address 1209 Reggio Aisle

City

Irvine

State

CA

Zip Code

92606-0855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Dir. Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6612

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael L McKinney

Mailing Address 209 Nunzia Ct

City

Roseville

State

CA

Zip Code

95661-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6556

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Cregg E. Mericle

Mailing Address 310 W Broadway St

City

Plattsburg

State

MO

Zip Code

64477-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6613

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Beth Michel

Mailing Address 1221 S Schodack Rd

City

Castleton

State

NY

Zip Code

12033-3058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6614

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Dean W. Milligan

Mailing Address 521 Andalusian Rd

City

Schwenksville

State

PA

Zip Code

19473-1882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6616

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

William E Monast

Mailing Address 6 Brentwood

City

Coto de Caza

State

CA

Zip Code

92679-4819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6557

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Theresa A Noble

Mailing Address 41427 N Laurel Valley Way

City

Anthem

State

AZ

Zip Code

85086-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6558

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Deborah L. Nuzum

Mailing Address 613 Fairington Dr

City

Summerville

State

SC

Zip Code

29485-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6617

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Patrick D O Donnell

Mailing Address 167 Waybury Rd

City

Colchester

State

VT

Zip Code

05446-6960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6559

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Dena R Parker

Mailing Address 233 Sandcastle

City

Aliso Viejo

State

CA

Zip Code

92656-3839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Sr. VP, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6560

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Bharat Patel

Mailing Address 10251 Sherwood Cir

City

Villa Park

State

CA

Zip Code

92861-4531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6561

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Pamela P. Peck

Mailing Address 120 Westwood Rd

City

Woodbury

State

CT

Zip Code

06798-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6618

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Rose M. Peirce

Mailing Address 4508 Oak Tree Ct

City

Lawrence

State

KS

Zip Code

66049-3894

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Infusion Acct Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6619

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mark A Pietrow

Mailing Address 13205 Granada Dr

City

Leawood

State

KS

Zip Code

66209-4182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6562

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michael Polgardy

Mailing Address 57 Pathstone

City

Irvine

State

CA

Zip Code

92603-0171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6621

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Carol Policelli

Mailing Address 2600 Shieldale Dr

City

Winston Salem

State

NC

Zip Code

27107-3654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6622

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Peter C Racine

Mailing Address 32 Las Pisadas

City

Rancho Santa Marg

State

CA

Zip Code

92688-4130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Supply Chain Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6563

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Betty E. Reed

Mailing Address 2504 Flandrau St

City

Maplewood

State

MN

Zip Code

55109-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6623

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Susan Refner-Bettinger

Mailing Address 1190 Terrington Way

City

Miamisburg

State

OH

Zip Code

45342-4265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6624

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Norma G. Reynard

Mailing Address 744 W Juniper Ln

City

Litchfield Park

State

AZ

Zip Code

85340-6013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division Revenue Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6625

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Peter A. Reynolds

Mailing Address 1934 Port Locksleigh Pl

City

Newport Beach

State

CA

Zip Code

92660-6616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Chief Acctg Ofcr & Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6627

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

David F. Rockwell

Mailing Address 10004 Noor Ave NE

City

Albuquerque

State

NM

Zip Code

87122-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6628

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City

Eighty Four

State

PA

Zip Code

15330-2691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6564

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

William F Ryan

Mailing Address 21832 Delicia Dr

City

Trabuco Canyon

State

CA

Zip Code

92679-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Corporate Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6565

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Garrett Y Saito

Mailing Address 28 Flintstone

City

Aliso Viejo

State

CA

Zip Code

92656-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation  
VP Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6566

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Tami Salley

Mailing Address 304 Oak Ridge Dr

City

Venetia

State

PA

Zip Code

15367-1160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation  
Division VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1490.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6567

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$60.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Scott M Sasserson

Mailing Address 121 Deer Run Dr

City

Colchester

State

CT

Zip Code

06415-1861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation  
Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6568

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Richard H. Scholl

Mailing Address 7 Slater Dr

City

Stony Point

State

NY

Zip Code

10980-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional Clinical Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6629

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

David C Sears

Mailing Address 119 Cobham Lane Roa

City

Cabot

State

PA

Zip Code

16023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6569

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

David L. Slack

Mailing Address 1 Via Lavendera

City

Rancho Santa Marg

State

CA

Zip Code

92688-1472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Dir IS Support Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6632

Amount of Each Receipt this Period

40.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Sandra L. Slentz

Mailing Address 4050 S 1100 W

City

Modoc

State

IN

Zip Code

47358-9520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6633

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Raoul Smyth

Mailing Address 11 Ensueno E

City

Irvine

State

CA

Zip Code

92620-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6570

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City

Orange

State

CA

Zip Code

92869-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Business Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6572

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City

Coto de Caza

State

CA

Zip Code

92679-4956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6573

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Deanna P Thompson

Mailing Address 177 Montalvo Rd

City

Redwood City

State

CA

Zip Code

94062-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6574

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Barbara S Underwood

Mailing Address 370 Oakwood Ct

City

Palatine

State

IL

Zip Code

60067-7729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6575

Amount of Each Receipt this Period

50.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott R Van Hoose

Mailing Address 191 University Blvd # 817

City

Denver

State

CO

Zip Code

80206-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6576

Amount of Each Receipt this Period

70.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Andrew Wagner

Mailing Address 670 Carson Ct

City

Carmel

State

IN

Zip Code

46033-9744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional Logistics Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6577

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Catherine M. Wyant

Mailing Address 2138 Fairland St

City

Pittsburgh

State

PA

Zip Code

15210-4018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6636

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven A Zoellner

Mailing Address 9936 Ridgewood Dr

City

Minocqua

State

WI

Zip Code

54548-9157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 8

Transaction ID: 154-P6579

Amount of Each Receipt this Period

20.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

20.00

TOTAL This Period (last page this line number only) .....

4750.00